

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## PHYSICAL THERAPY EXAMINING BOARD

### PHYSICAL THERAPIST ASSISTANT CERTIFICATE OF PROFESSIONAL EDUCATION

**APPLICANT:** Complete this section and submit to certifying school for completion. Form must be returned directly from the school to the Department at the above address.

Last	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Address:** (number, street, city, zip code)

**Date of Graduation:**

 / 

**Social Security #:** (voluntary-for school's use in locating your records)

 - 

**Applicant Signature**

**Date**

**CERTIFYING SCHOOL:** Certify completion after the applicant named above has actually graduated and return directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 261-7083 or [DSPPCredPhysicalTherapy@wisconsin.gov](mailto:DSPPCredPhysicalTherapy@wisconsin.gov).

**Name of Institution:**

**Location of Institution:** (city, state)

**Type of Degree Awarded:**

**Major:**

**Date Diploma Granted:**

 / 

(anticipated dates of graduation will not be accepted)

**Signature of Dean or Department Head**

**Date**